OP

,									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004 0 / 6 49 86															
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	. EN	mπ ' □ .	OR	OTHER			
TO	OTAL CLAIMS				ŀ	RAT	E	FEE	1	RATE	FEE	┪			
FO)R		NUMBER	FILED	NUMBER EXTRA			BASIC	FEE	395.00	OR	BASIC FEE	790.00	,	
то	TAL CHARGE	ABLE CLAIMS	mi	nus 20=	•			x 25	,		OR	x-50			
INC	DEPENDENT C	LAIMS	(1)	inus 3 =	•	•			\neg		OR	× 200		1	
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>			x 10			١.	7100		-	
ـــــــــــــــــــــــــــــــــــــ	the difference	in column 1 is	less than 2	ero enter	*0* in c	rolumn 2	•	<u>+/⁄χ</u> ΤΟΤΑ	-		OR	+360		4	
**	* If the difference in column 1 is less than zero, enter "0" in column 2									•	OR	TOTAL	<u></u>	4	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	ΙE	ҮТІТИ	OR	OTHER SKALL			
	12/1	CLAIMS	1	HiGH	EST	1			1	ADDI-			ADDI	\prod	
NT/	130/05	AFTER AMENDMENT		PREVIO PAID	USLY	PRESE/TI EXTRA		RATE	ij	110NAL FEE		RATE	TIONA FEE		
AMENDMENT	Total	. 5	Minus	- 2	0	=		x 25	<u> </u>		OR	×50.		7	
MEN	Independent	. 3	Minus	*** (2	=		×10		+		x200		1	
₹	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM				_		OR			\dashv	
								+ 180			OR	+360		H	
									EE L		OR	ADDIT. FEE	· · · · · · · · · · · · · · · · · · ·	H	
		(Column 1)	T	(Colun		(Column 3)	1 6			4001	1		400/	4	
8 TK		REMAINING AFTER		NUME PREVIO	BER	PRESENT EXTRA		RATE	<u>, </u> -	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEÉ		
2	Total	.,		1 =		x 20	5 ;	1	on	x50.					
Ar	Independat Minus							× 100			OF	1200			
	FIRST PRESE	NTATION OF MU	JUTIPLE DEF	ENDENT	CLAIM		J		7			+360			
							Ł	+/80			OR	TOTAL	·	-{	
	ADDIT, FEE OR ADDIT, FEE														
		CLAMS	. <u></u>	1-ରମି:	161	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-, -	.50	į		/d.s03	-,	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVÍO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	TIONA FEE		
MON	Total	*	Minus	44		= :		×25	5		OR	× 50			
ME	Independent	*	Minus	***	·	=	!	X. 10	ł		OR	×200		1	
	FIRST PRESE	HTATION OF MI	JETIPLE DEF	ЕИОЕИТ	CLAIM		1		+		.	. 2/ 0		7	
• If the entry in column 1 is less than the entry in column 2, write 10 in column 3.															
"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 20." ADDIT, FEE OR ADDIT, FEE															
The "Highest Number Previously Paid For" (Total or Independent) is the highest nimit er found in the appropriate box in column 1.															

DEST AVAILABLE COPY

PATENT APPLICATION FEE	DETERMINATION RECORD
Effective Jan	uarv 1, 2003

Application or Docket Number

10/649801

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EN		OR	OTHER SMALL I		
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE
FO	R		NUMBER I	ILED	NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	/ (y min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mii	nus 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			2		+140=	-	OR	+280=	
* If the difference in column 1 is less than zero, enter "0					"0" in c	olumn 2		TOTAL		OR	TOTAL	Se
	C	LAIMS AS A	MENDED	- PAR (Colur		(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS		HIGH		(Column 3)	1 6		ADDI-) 		ADDI-
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		в		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	=		X42=		OR	X84≃	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	·
		(Column 1)		(Colu	mn 2\	(Column 3)		ADDIT. FEE			ADDI I. PEEI	
		CLAIMS		HIGH	IEST		7 (· 1	ADDI-	1		ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	F CL AISA	<u> -</u>	┨╏	X42=		OR	X84=	
 	FINOT PRESE	NIATION OF MI	JETIPLE DEF	ENDEN	CDAIM	<u> </u>	┚	+140=		OR	+280=	-
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)		ADDII. FEE I		,	ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**		8] [X\$ 9=		OR	X\$18=	
A ME	Independent	*	Minus	***		<u> </u>	↓	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL			TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												